

2002 FORM MO-PTS

Attachment Sequence No.	1040-07 and 1040P-01
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	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.						
NAME	LAST NAME FIRST NAME	INITIAL	BIRTHDATE	SOCIA	L SECURITY NO.		
NA	SPOUSE'S LAST NAME FIRST NAME	INITIAL	BIRTHDATE	SPOUS	SPOUSE'S SOCIAL SECURITY NO.		
NS	You must check a qualification to be eligible for included with claim.	a credit. Check only one.	Copies of letters, fo	orms, etc	c., must be		
QUALIFICATIONS	<ul> <li>□ A. 65 years of age or older (Attach a copy of Form SSA-1099.)</li> <li>□ B. 100% Disabled Veteran (Attach a copy of the</li> <li>□ C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)</li> <li>□ D. 60 years of age or older and received surviving spouse</li> </ul>						
	letter from Department of Veteran's Affai	rs.) benefits.	(Attach a copy of F		A-1099.)		
		ined   Married — Living Sep		you mus	t report both incomes.		
	Failure to provide proper supporting documental denial or delay of your claim! <i>Items listed below</i>						
1	Enter the amount of income from Form MO-1040, Line	6, OR Form MO-1040P, Line 4.		. 1	00		
	<ol><li>Enter the amount of social security benefits before any de- equivalent railroad retirement benefits. Attach Form SSA</li></ol>	ductions and/or the amount of socia		. 2	00		
3	<ol> <li>Enter the total amount of pensions, annuities, dividends, Include tax exempt interest from Form MO-A, Part 1, Line Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1</li> </ol>	e 6 (if filing Form MO-1040). Attac	h	. 3	00		
4	<ol> <li>Enter the amount of railroad retirement benefits (not inclu Attach Form RRB/1099-R (Tier II). If filing Form MO-10-</li> </ol>			. 4	00		
5	<ol> <li>Enter the amount of veteran's payments or benefits before a Attach letter from Veteran's Affairs.</li> </ol>	any deductions.		. 5	00		
6	<ol> <li>Enter the total amount received by you and/or your minor public assistance, SSI, child support, or Temporary Assista Attach letter from SSA, letter from Social Services, lett letter from DFS, if applicable.</li> </ol>	ance (TA) payments. er from DCSE,		. 6	00		
7	<ol> <li>Enter the amount of nonbusiness loss(es). You must incl household income here. (Include capital loss from Fed</li> </ol>			. 7	00		
8	8. <b>TOTAL</b> household income — Add Lines 1 through 7. Enter total here.			. 8	00		
9	9. Enter \$2,000 if you are married and filing a combined clair otherwise, enter "0".			. 9 -	00		
10	<ol> <li>Net household income — Subtract Line 9 from Line 8. If no credit or refund is allowed. Do not file this claim.</li> </ol>	the total is over \$25,000,		. 10	00		
11	<ol> <li>If you owned your home, enter the total amount of real es assessments. (Complete the real estate tax worksheet if home business, or share your home.) Attach a copy of Assessor's Certification, if your home is on more than</li> </ol>	you own more than five acres, a m f PAID real estate tax receipt(s) a	nobile home, and Form 948,	. 11	00		
12	<ol> <li>If you rented your home, enter the amount from Form MO-Cl right. (If total yearly rent is more than Line 8, attach rer explanation.) Attach Form MO-CRP and lease agreement rent receipt(s), or statement from landlord.</li> </ol>	nt payment	x 20% =	. 12	00		
13	Total tax and/or rent — Add Lines 11 and 12 and enter th or \$750, whichever is less			. 13	00		
14	<ol> <li>Apply Lines 10 and 13 to the Property Tax Credit Chart to You must use the chart to see how much refund you are Enter this amount on Form MO-1040, Line 38 OR Form M</li> </ol>	o figure your Property Tax Credit. allowed.			00		
	THIS FORM MUST BE ATTA	ACHED TO FORM MO-104	0 OR FORM MO-	1040P.			



## MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2002

2002 FORM MO-CRP Read instructions.Print or type.

OLITIII IOATION OF TIL	INTI AID I OII 2002	IVIO-C	nr					
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMB	ER	ARE YOU RE IF YES, EXPL	LATED TO YOUR LAN AIN.	DLORD?   YI	ES NO		
2. NAME	ADDRESS OF RENTAL UNIT (DO	NOT LIST P.O. BO	3. LANDLO	ORD'S NAME, SOCIAL	SECURITY NO.			
CITY, STATE, AND ZIP CODE		LANDLORD'S AD	DRESS, CITY, S	STATE, AND ZIP CODE	1			
HOW MANY PEOPLE, OTHER THAN YOU AND YOUR RESIDE AT THIS ADDRESS AND ARE AGE 18 OR OL (SEE 8G BELOW.)		5. LANDLORD'S	PHONE NUMBE	R				
6. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR <b>2002</b>	TO: MON	NTH	DAY	— YEAR <b>2002</b>		
7. Enter your gross rent paid. Attach copies for rent paid. If receiving assistance, en	of your lease agreement(s) or co ter the amount of rent YOU paid.	pies of cancel	ed checks (f	ront and back)	7	00		
8. Check the appropriate box and enter the co								
B. MOBILE HOME LOT — 100%								
☐ C. BOARDING HOME / RESIDENTIAL CARE — 50%								
D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%								
E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%								
F. LOW INCOME HOUSING — 100% (Rent cannot exceed 30% of total household income.)  G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse								
1	nared your residence with relatives appropriate box and enter percenta		otner than y	our spouse				
•	dence/percentage to be entered:		2 (33%)	3 (25%)	8	%		
9. Net rent paid. Multiply Line 7 by the percer	. •	, ,	, ,					
FORM MO-PTS, LINE 12 OR FORM MO-P					9	00		
MO 860-1089 (11-2002)				<u> </u>	'	,,,,,		

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2002		200 FOR <b>MO-C</b>	M	Read instructio     Print or type.	ns.				
1. SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUM	MBER	1 1		DU RELATED TO YOUR LA , EXPLAIN.	NDLOF	D? YE	s 🗌 no	
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CITY, STATE, AND ZIP CODE		LA	NDLORD'S AD	DRESS, (	CITY, STATE, AND ZIP COI	DE			
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7. Enter your gross rent paid. Attach copies o for rent paid. If receiving assistance, ent	of your lease agreement(s) or co er the amount of rent YOU pai	opies			cks (front and back)	7			00
8. Check the appropriate box and enter the cor		8.							
A. APARTMENT, HOUSE, MOBILE HO	OME, OR DUPLEX — 100%								
B. MOBILE HOME LOT — 100%									
C. BOARDING HOME / RESIDENTIAL									
☐ D. SKILLED OR INTERMEDIATE CAF☐ E. HOTEL If meals are included, enter		nno/							
			ousehold i	ncome l	<b>\</b>				
<ul> <li>□ F. LOW INCOME HOUSING — 100% (Rent cannot exceed 30% of total household income.)</li> <li>□ G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse</li> </ul>									
or children under 18), check the a				oulor u	ian your opouco				
Additional persons sharing resid		_	_	□ 2 (	(33%)	8			%
Net rent paid. Multiply Line 7 by the percent	· · · · · · · · · · · · · · · · · · ·								
FORM MO-PTS, LINE 12 OR FORM MO-PT	•					9			00